

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date 12/20/89 Applicant American

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 484627 Lic. Class C20

Contractor American Date 12/31/91

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

Signature of Applicant or Agent Michael Ramirez Date 12/20/89

APPLICATION FOR PERMIT HEATING - VENTILATING - AIR CONDITIONING

76A364C
20-0046 DPW 9/88

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)			BUILDING ADDRESS <u>3414 White side dr</u>	
NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE	LOCALITY <u>Est L.A.</u>	
	ABSORPTION UNIT, BTU _____		NEAREST CROSS ST. <u>East 1st</u>	
	AIR HANDLING UNIT, CFM _____		DISTRICT NO. <u>600</u> PROCESSED BY <u>[Signature]</u>	
	BOILER, BTU _____		APPROVALS _____ DATE <u>12/3/94</u> INSPECTOR'S SIGNATURE _____	
	COMPRESSOR, BTU _____		ROUGH _____	
	VENTILATION SYSTEM _____		FINAL _____	
	EVAPORATIVE COOLER _____		VALIDATION	
	FURNACE: FLOOR _____ FAU _____ GRAVITY _____ BTU _____			
<u>1</u>	HEATER: SUSPENDED UNIT _____ WALL <u>30000</u>	<u>1200</u>		
Plan check fee				
PERMIT ISSUING FEE \$ <u>1300</u>				
TOTAL FEE <u>2500</u>				
PLAN CHECK APPLICANT				
NAME				
ADDRESS				
CITY TEL. NO.				
OWNER <u>Callegos</u>				
MAIL ADDRESS <u>1934 East Vista</u>				
CITY <u>Ontario</u> TEL. NO. <u>714-986-8122</u>				
CONTRACTOR <u>American Heating</u>				
ADDRESS <u>116 S Monte Vista</u>				
CITY <u>COVINA</u> TEL. NO. <u>915-4096</u>				
STATE LICENSE NO. <u>484627</u> LIC. CLASS <u>C20</u>				

SEE REVERSE FOR EXPLANATORY LANGUAGE

1704

INSPECTOR COPY